

D. State Performance Measures

State Negotiated Performance Measures Summary Sheet (Fig 4b)	Pyramid Level of Service				Type of Service		
	DHC	ES	PBS	IB	C	P	RF
1) Percent of children less than 12 years of age who receive one physical exam a year.	X					X	
2) Percent of women at risk of unintended pregnancies (as defined by Alan Guttmacher Institute) receiving family planning and related reproductive health services through publicly funded clinics.	X						X
3) Percent of women who use tobacco during pregnancy.		X					X
4) Percent of high school youth who self-report taking a drink in the past 30 days.		X					X
5) DROPPED Percent of high school youth who self-report tobacco use (e.g., cigarettes, chewing tobacco, etc.) over the past 30 days.							
6) DROPPED Percent of high school youth who self-report eating fruits and vegetables during the previous day (yesterday).							
7) Percent of women enrolled in WIC during pregnancy who initiated breastfeeding.		X				X	
8) DROPPED Percent of infants born with low birth weight among all racial/ethnic or age groups.							
9) DROPPED Percent of MCH Clients who received injury prevention services							
10) DROPPED Percent of MCH clients who receive parenting skills and training.							
11) DROPPED Percent of children, ages 6-17, who are obese or overweight.							
12) Percent of children, ages 6-8, with untreated dental decay in primary and permanent teeth.			X		X		
13) Percent of children, ages 2-4, who are overweight.			X				X
14) Ratio of the black infant mortality rate to the white infant mortality rate.			X				X
15) Death rate per 100,000 among youth ages 15-19, due to motor vehicle crashes.			X				X
16) Percent of MCH clients/families who receive one or more supportive services to enhance child health, development and/or safety.		X			X		

NOTE: Pyramid Level of Service

DHC = Direct Health Care / ES = Enabling Services / PBS = Population-Based Services / IB = Infrastructure Building

Type of Service

C = Capacity / P = Process / RF = Risk Factor

SPM #1: Percent of children less than 12 years of age who receive one physical exam a year.

Relationship to Priority Need(s): The performance measure relates to Wisconsin's Priority Need #2 - Health Access and is identified in Healthiest Wisconsin 2010, the state's public health plan. Special access issues exist for those living in rural communities, seasonal and migrant workers, persons with special health care needs, the uninsured and underinsured, homeless persons and low income members of racial or cultural minority groups.

a) Report of 2003 Major Activities

1. Comprehensive Well-Child Exams—Direct Health Care Services—Children, including CSHCN

The annual health exam activity is a direct health care service for children under age 12, including children who have special health care needs. The target group for services funded by the Title V block grant are those children who are uninsured or underinsured in Wisconsin and would otherwise not have access to primary preventive services. For the contract to LPHDs in 2003, 47 agencies reported services to provide or assure comprehensive well-child exams for children under age 21 years, including those with special health care needs.

MCH providers beginning for the 2003 contracts used the SPHERE data system. Because of the late start up of SHPERE, the numbers are underreported. The 19 local agencies reported using Title V MCH/CSHCN Program money to provide at least one comprehensive exam to 689 children under age 12. In addition 395 children under age 12 were provided with assistance to assure access to an annual exam. Wisconsin continues to have an estimated 53,000 children without health insurance in the state.

According to the DHFS Family Health Survey in 2002, 74.4% of children under 12 years of age were reported at time of the telephone survey that they had a general physical exam in past year (Data Source: FHS, 2002). This has more than the 73.6% reported in the 2001 survey. The annual DHFS Family Health Survey is an annual random telephone survey of households in Wisconsin.

2. Support the “Covering Kids” Program Funded by the Robert Wood Johnson (RWJ) Foundation—Enabling Services—Pregnant women, mothers, infants and children, including CSHCN

The "Covering Kids" Program, funded by RWJ was awarded to University of Wisconsin Extension. Title V MCH/CSHCN Program continued involvement in an advisory capacity to the grant activities. As co-chair of the state coalition during 2003, MCH staff provided leadership in promoting access of children to health coverage that could pay for regular, primary preventive health exams.

Overall family Medicaid enrollment increased about 80,000 in calendar 2003, from 421,489 in December 2002 to 500,904 in December 2003. To the extent that increased enrollments contribute to increased access to health care services, this increase portends greater number of physical examinations rendered. The family Medicaid program most specific to children, Healthy Start, likewise increased in enrollment in calendar 2003, from 120,128 in December 2002, to 129,662 in December 2003. All but about 6,600 of these enrollees are children.

b) Current 2004 Activities

1. Comprehensive Well-Child Exams—Direct Health Care Services—Children, including CSHCN

For the 2004 consolidated contracts, 22 LPHDs and other private non-profit agencies submitted objectives to provide MCH-supported well child exams. Additional 19 agencies will be providing assurance to access to primary health exams for children during the contract year. The primary preventive exams must be provided by the agency and assure quality services by utilizing the following document as guidance for best practice in the organization and delivery of services: Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, Second Edition.

2. Governor's "KidsFirst" Initiative—Enabling Services—Pregnant women, mothers, infants and children, including CSHCN

In May 2004, Governor Doyle announced a four-part "KidsFirst" initiative. The four focus areas are entitled Ready for Success, Safe Kids, Strong Families and Healthy Kids. This direction from the Governor and his cabinet leaders will provide a course for state programs to increase health exams for children by improving access to primary preventive services. Currently about 97% of Wisconsin children have health insurance coverage yet some 53,000 children remain uninsured.

c) 2005 Plan/Application

1. Comprehensive Well-Child Exams—Direct Health Care Services—Children, including CSHCN

Title V MCH/CSHCN Program remains committed to improving access to health care so that primary, preventive health care is available to young children. The Title V MCH/CSHCN Program will continue to provide funds through the consolidated contract process for primary, preventive health care to young children who are uninsured or underinsured. Since the LPHDs use these funds according to general program guidelines and to address local identified needs, the impact of MCH funds supporting a provision of primary, preventive health care will be gap filling.

2. Governor's "KidsFirst" Initiative—Enabling Services—Pregnant women, mothers, infants and children, including CSHCN

In May 2004, Governor Doyle announced a four-part "KidsFirst" initiative. Part four is Healthy Kids and includes focus activities that will improve child access to primary preventive services. These areas include: Provide all Children with Health Care Coverage, Improve Oral Health Care, and Immunize Children on Time. The MCH program will provide leadership and participation in action steps toward improvements in these health-related areas.

3. Support the "Covering Kids" Program Funded by the Robert Wood Johnson (RWJ) Foundation—Enabling Services—Pregnant women, mothers, infants and children, including CSHCN

In cooperation with UW-Extension, the Title V MCH/CSHCN Program will continue to provide support for state and local coalitions, funded by RWJ. These coalitions are funded to increase outreach for uninsured children and their families and to enroll them in state supported health insurance programs, such as BadgerCare. This activity will assist children and their families to access mechanisms to pay for primary prevent health exams. The Covering Kids grant to UW-Extension is funded through 2006.

SPM #2: Percent of women at risk of unintended pregnancies (as defined by Alan Guttmacher Institute) receiving family planning and related reproductive health services through publicly funded clinics.

Relationship to Priority Need(s): SPM #2 relates to Wisconsin's Priority Need # 2 - Health Access and #7 - Teen Pregnancy. Access and availability to family planning services and related reproductive health care contributes to the prevention of unintended pregnancy, and improves access to basic routine primary and preventive health care for low income and uninsured women. Access to private and confidential contraceptive services, which can be assured through publicly supported-services, is essential for providing effective contraceptive services to sexually active

adolescents. This is a cornerstone of Wisconsin's Adolescent Pregnancy Prevention Plan. Reproductive health care that routinely accompanies contraceptive services addresses basic health issues that are an important part of women's health.

a) Report of 2003 Major Activities

1. Contraception and Related Reproductive Health Care—Direct Health Care Services—Women and sexually active adolescents

Title V MCH/CSHCN Program Block Grant and matching State Funds supported the following services to women:

- 30,182 women received comprehensive family planning services,
- 19,280 women received pregnancy testing services and appropriate continuity of care (contraceptive services or pregnancy-related services),
- 27,834 women received screening for chlamydia as part of infertility prevention services,
- 48,524 women received cervical cancer screening services.

2. Implementation of Wisconsin's Medicaid Family Planning Waiver Program—Enabling Services—Women and sexually active adolescents

The purpose of many activities in 2003 was the implementation of Wisconsin's Medicaid Family Planning Waiver (FPW) on January 1, 2003. The FPW expands Medicaid eligibility to women ages 15-44 with incomes below 185% of poverty. Successful implementation of the FPW will expand family planning access to 50,000 additional women in Wisconsin.

A Social Marketing/Quality Improvement project continued to determine how population segments currently not using contraceptive services could be reached to provide them information needed for making an informed choice about participation in the FPW. Another purpose was to determine what changes needed to be made in clinic services to make services more acceptable to newly eligible women to receive services. These activities will continue in 2004.

3. Family Planning Provider Training—Infrastructure Building Services—Women and sexually active adolescents

Provider training sessions were conducted to improve knowledge and skill levels in several key areas including CPT/ICD-9 coding, cost accounting, HIPAA privacy responsibilities, and presumptive eligibility procedures (used for initial enrollment into the FPW). TA and support to family planning providers was facilitated through a List-Serve and website supported by HCET, with which DPH/MCH contracts. Provider training sessions were conducted to improve knowledge and skill levels in several key areas including CPT/ICD-9 coding, cost accounting, HIPAA privacy responsibilities, and presumptive eligibility procedures (used for initial enrollment into the FPW). Technical assistance and support to family planning providers was facilitated through a List-Serve and website, supported by Health Care Education and Training, with which DPH/MCH contracts.

<http://www.hcet.org/resource/states/wi/htm>.

b) Current 2004 Activities

1. Contraception and Related Reproductive Health Care—Direct Health Care Services—Women and sexually active adolescents

Expansion of family planning (contraception and related reproductive health care) services is anticipated during 2004 as a result of the Medicaid Family Planning Waiver implementation that began January 1, 2003. Ten thousand additional women will likely receive services in 2004 above 2003 service.

In 2004, DHFS has established a Family Planning and Reproductive Health Care Council. The Family Planning Council's role is to advise the Secretary and foster internal Departmental coordination to insure access to cost-effective family planning services and reproductive health care. The goals include: to provide access to affordable reproductive health care (especially to low-income income women), prevent unintended pregnancy, and deliver cost effective services. The Wisconsin Lt. Governor actively participates in the Family Planning Council. Family planning services are considered to be an integral component of women's health care.

Family planning will also be included in DHFS efforts to decrease disparities among women of color with respect to low birth weight – integrating family planning with other interventions to reduce the incidence of low birth weight.

2. Promotion and Outreach for Wisconsin's Family Planning Waiver Program—Enabling Services—Women and sexually active adolescents

Title V Program staff are actively involved with the Medicaid Program in implementing the Family Planning Waiver.

The Wisconsin Governor's Healthy Kids Initiative identifies a series of steps to improve child health. One of the steps is to "Step up efforts to reduce Teen Pregnancy". Wisconsin has seen an overall decline in teen births in recent years, but there were still approximately 6,500 teens who had babies in 2002. The Medicaid Family Planning Waiver is considered to be one of the most successful programs that addresses this issue.

3. Family Planning Provider Training—Infrastructure Building Services—Women and sexually active adolescents

Technical assistance and support, and continuing education activities identified above will continue in 2004. Planning for provider training in clinic quality improvement issues, resulting from the social marketing research, will continue.

c) 2005 Plan/Application

1. Contraception and Related Reproductive Health Care—Direct Health Care Services—Women and sexually active adolescents

Expansion of family planning (contraceptive and related reproductive health care) services is anticipated to continue during 2005 - the third full year of implementation of the Medicaid Family Planning Waiver. An increased volume of services to women between income levels 185%-250% of poverty is anticipated. This will directly contribute to the objective in Healthiest Wisconsin 2010 to reduce unintended pregnancies among Wisconsin residents to 30%.

In 2005, DHFS is expected to continue the Family Planning and Reproductive Health Care Council established in 2004. The Family Planning Council's role is to advise the Secretary and foster internal Departmental coordination to insure access to cost-effective family planning services and reproductive health care. The goals include: to provide access to affordable reproductive health care (especially to low-income income women), prevent unintended pregnancy, and deliver cost effective services. Family planning is considered as an integral component of women's health care.

Family planning will continue to be included in DHFS efforts to decrease disparities among women of color with respect to low birth weight – integrating family planning with other interventions to reduce the incidence of low birth weight.

2. Promotion and Outreach for Wisconsin's Family Planning Waiver Program—Enabling Services—Women and sexually active adolescents

Activities related to continued promotion and outreach for the Wisconsin Medicaid Family Planning Waiver will continue during 2005.

The Wisconsin Governor's Healthy Kids Initiative, initiated in 2004, identifies a series of steps to improve child health, and will continue in 2005. One of the steps is to "Step up efforts to reduce Teen Pregnancy". Wisconsin has seen an overall decline in teen births in recent years, but there were still approximately 6,500 teens who had babies in 2002. The Medicaid Family Planning Waiver is considered to be one of the most successful programs that addresses this issue.

3. Family Planning Provider Training—Infrastructure Building Services—Women and sexually active adolescents

Technical assistance and support, and continuing education activities for publicly supported family planning providers, as identified above, will continue in 2005. Implementation of provider training in clinic quality improvement issues, resulting from the social marketing research, will continue.

SPM #3: Percent of women who use tobacco during pregnancy.

Relationship to Priority Need(s): SPM #3 relates to Wisconsin's Priority Need #8 – ATODA. Wisconsin has historically been above the national average for women who report smoking during pregnancy. In 2002, Wisconsin reported 14.8% and the national average was 11.4%. Self-reported smoking data are reportable and available via the birth certificate.

Relationship to Priority Need(s): SPM #3 relates to National Outcome Measures #1, #3, #4, and #5. This SPM also relates to National Outcome Measure #2. In Wisconsin, 2002 smoking rates for African American and American Indian women are higher than national rates for the same groups. Eighteen percent of African American women reported smoking, compared to 8.4% nationally, and 37% of American Indian women in Wisconsin reported smoking, compared to 19.7% nationally.

a) Report of 2003 Major Activities

1. Title V Funded Perinatal Services—Enabling Services—Pregnant women, mothers, infants

In 2003, the Title V Program funded 36 LPHDs totaling 41 objectives addressing perinatal care coordination, prenatal/postnatal education, early entry into prenatal care and prenatal care strategic planning.

As reported for 2003 in SPHERE, of those women that received a prenatal assessment utilizing Title V funds, 45.4% (178/392) smoked before pregnancy and 37% (133/358) smoked during pregnancy. In Wisconsin during 2002, there were 68,510 live births; 10,139 women who gave birth reported smoking (14.8%), 58,317 reported no smoking (85.1%) and 54 (.1%) were unknowns. Analysis of birth certificate data indicate that smoking rates are highest among women under the age of 25 and who were American Indian or African American.

2. First Breath—Enabling Services—Pregnant women, mothers, infants

In 2003, the Title V Program continued its First Breath Prenatal Smoking Cessation Program partnership with the Wisconsin Women's Health Foundation (WWHF) as it expanded services beyond the pilot study to statewide public and private prenatal care providers in Wisconsin. In 2003 there were a total of 76 sites (of which 12 of the original 15 pilot sites continue to participate) and 678 women were enrolled in 2003 alone. Of these women, approximately 67% started smoking between the ages of 12 and 16. Additionally, 89% of the 678 women were Caucasian, non-Hispanic and 83% had only some high school education or were high school graduates.

3. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, infants

Some PNCC providers collected data using the MCH Data System: 60.5% (598/989) reported smoking before pregnancy; 38.9% (394/1,012) reported smoking during pregnancy; 305 women (55.2%) decreased their smoking; and 192 (34.7%) stopped completely. See NPM #15.

b) Current 2004 Activities

1. Title V MCH/CSHCN Program MCH Funded Perinatal Services—Enabling Services—Pregnant women, mothers, infants

For 2004, the Title V program funded 31 LPHDs totaling 35 objectives to do perinatal care coordination services, prenatal/postnatal education, early entry into prenatal care, prenatal smoking cessation and perinatal depression screening.

2. First Breath—Enabling Services—Pregnant women, mothers, infants

In 2004, the First Breath expansion continues to focus on adding additional public and private prenatal care providers across Wisconsin. As of mid-April, 282 women have been enrolled in First Breath in 2004 across the state, totaling 960 women enrolled in First Breath since the expansion efforts began in January 2003. One training session has been held, training 70 participants and adding 20 new sites. Another training will be held the end of the summer with an anticipated 25 new sites to attend. In addition frequent follow up trainings and technical assistance is provided to sites as needed.

During 2004 First Breath is also focusing on communities of color, specifically African American and American Indian populations, due to their high smoking rates. Meetings and site visits are being held with relevant agencies and organizations to gain a better understanding of the unique needs of these populations and to focus recruitment efforts of new First Breath sites that serve these communities.

In March of 2004, Wisconsin was invited to send a team to participate in a national meeting focusing on tobacco use and cessation for women of reproductive age. As required by the meeting sponsors (Association of Maternal and Child Health Programs, American College of Obstetricians and Gynecologists and Planned Parenthood Federation of America) the Women and Tobacco Team was formed with representation from Title V staff, Wisconsin ACOG Chapter and Planned Parenthood of Wisconsin. The Wisconsin Women's Health Foundation was also added to the team due to the First Breath partnership. Using First Breath as the platform the team developed action steps, which include reaching out to ACOG and family planning providers across Wisconsin. One specific focus is to educate these providers about the importance of smoking cessation services for clients and to promote the utilization of the Wisconsin Tobacco Quit line. A system has been established with the Quit line to track ACOG and family planning provider sites who enroll in the Quit lines Fax Referral Program, to include interventions clients received and smoking status.

The Governor recently introduced his “KidsFirst” plan. This plan contains many components, to include anti-tobacco initiatives to reduce smoking. One specific action step to address this priority is expanding First Breath statewide. Title V Program staff will be intimately involved in the details of this as the specifics unfold.

3. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, infants

See NPM #15.

c) 2005 Plan/Application

1. Title V MCH/CSHCN Program MCH Funded Perinatal Services—Enabling Services—Pregnant women, mothers, infants

Due to the complex nature of smoking during pregnancy, this topic will continue to be a priority for the MCH Program. Title V funds will continue to be provided to the local level that encourage and support agencies to incorporate and provide services and counseling to women who use tobacco during pregnancy. The objective for 2005 is 15% of women reporting smoking during pregnancy.

2. First Breath—Enabling Services—Pregnant women, mothers, infants

The MCH Program will continue as a partner to accomplish the goals of the First Breath Program. Specific needs to be addressed in 2005 for First Breath include: increase treatment and social support for women, outreach to pediatricians and child care providers about First Breath, working more closely with the partners of First Breath clients and providing special attention to the post-partum relapse period. Discussions will continue to address the needs of women before and after pregnancy, focusing on women of reproductive age, to include expanding the partnership beyond the current team. Title V Program staff will continue to be involved in the activities associated with First Breath expansion as proposed in the Governor's “KidsFirst” plan.

3. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, infants

See NPM #15.

SPM #4: Percent of high school youth who self-report taking a drink in the past 30 days.

Relationship to Priority Need(s): SPM #4 relates to Wisconsin's Priority Need #8 - ATODA. This continues to be a problem in the state. Wisconsin's 2003 YRBS results reveal students continue to report alcohol consumption

levels comparable to 1993 levels. In 2003, 47.3% reported drinking alcohol in the past 30 days (48.1% in 1993) and 28.2% reported binge drinking in the past 30 days (five or more drinks of alcohol in a row) (29% in 1993). Fewer students, however, reported experimenting with alcohol before 13 years of age (25.4% in 2003 compared to 36.8% in 1993).

a) Report of 2003 Major Activities

1. ATODA Service, Education and Referral—Direct Health Care Services—Adolescents

The LPHDs and other agencies provided perinatal care coordination services to teens (and others) utilizing the Pregnancy Questionnaire whereby ATOD use is assessed. Those agencies providing comprehensive primary health exams, referral and follow-up services used "Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents" whereby ATOD use is assessed. Individual risk assessments, including ATOD use, were also conducted and appropriate education and referral were provided.

2. Prevention Programs—Enabling Services—Adolescents

Alliance for Wisconsin Youth continued to have as one of its strategies increasing the visibility and effectiveness of existing State prevention resources to help communities organize against alcohol and drug use and abuse. The Brighter Futures Initiative (BFI) continued to use the rate of alcohol and other drug use and abuse as one of the outcomes selected communities must impact. The State Incentive Grant (SIG) continued to support appropriate programs, models and strategies that will result in the improvement of substance abuse prevention outcomes impacting youth ages 12-17.

3. State Council—Infrastructure Building Services—Adolescents

In June 2002, the Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA) established five goals for their four-year plan (2002-2006), one of which is to reduce underage use and abuse of alcohol or other drugs.

b) Current 2004 Activities

1. ATODA Service, Education and Referral—Direct Health Care Services—Adolescents

As in 2003, a number of LPHDs and others continue to provide perinatal care coordination services and comprehensive primary health exams, referral and follow-up services, screening for ATODA.

2. Prevention Programs—Enabling Services—Adolescents

Alliance for Wisconsin Youth, BFI, and SIG continue their efforts.

3. State Council—Infrastructure Building Services—Adolescents

SCAODA continues working toward achieving the goals of their four-year plan.

In addition, the Council requested the completion of an 18-month study to develop recommendations to the Council that would result in the reduction of alcohol use by Wisconsin youth. The Underage Drinking Task Force presented the recommendations to the Council in September of 2004. The Council accepted the recommendations and asked that work continue in this area. Recommendations included the development of an Underage Drinking Reference website, review of Wisconsin's current legislation, development of an alcohol compliance check system and working with the school system on standardized policy guidelines.

4. Substance Abuse Treatment Outcomes Study—Infrastructure Building Services—Adolescents

In September 2004, results of a study by nine volunteer adolescent treatment agencies collecting admission, discharge, and post-discharge outcomes data on a sample of 275 adolescents will be available.

c) 2005 Plan/Application

1. ATODA Service, Education and Referral—Direct Health Care Services—Adolescents

As this continues to be a major problem in Wisconsin, LPHDs and others will continue to provide perinatal and comprehensive health exams, referral and follow-up services. Individual risk assessments, referrals, and education will also continue.

2. Prevention Programs—Enabling Services—Adolescents

Results of the BFI efforts and SIG efforts will assist in future program planning to impact this measure.

3. State Council—Infrastructure Building Services—Adolescents

It is anticipated that SCAODA will review their four-year plan and goals including the reduction of underage use and abuse of alcohol or other drugs.

4. Substance Abuse Treatment Outcomes Study—Infrastructure Building Services—Adolescents

Results of the 2004 adolescent treatment outcomes study will assist in program enhancement/development.

Implementation of Health Priority: Alcohol and Other Substance Use and Addiction from "Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public", will continue and is ongoing.

In a different service system, the Bureau of Mental Health and Substance Abuse Services has partnered with the Office of Justice Assistance to provide automated AODA and life functional screening of youth at point of entry into the Juvenile Justice System. The overarching goal is to make the first point for youth and their families with the Juvenile Justice System and provide mechanisms for early AODA intervention and treatment for those youth involved in substance. In the year 2004, data will be available on approximately 5,000 Wisconsin Youth.

SPM #5 (#7): Percent of women enrolled in WIC during pregnancy who initiated breastfeeding.

Relationship to Priority Need(s): SPM #7 relates to Wisconsin's Priority Need #4 - Family and Parenting. The promotion and support of breastfeeding were also identified as health priorities, "Adequate and Appropriate Nutrition" and "Overweight, Obesity and Lack of Physical Activity," in Healthiest Wisconsin 2010, the state's public health plan.

Breastfeeding initiation among women enrolled in WIC during pregnancy was chosen as a performance measure because of several factors. The MCH and WIC Programs in Wisconsin have a history of collaboration to provide services to pregnant women and mothers and infants. Many LPHDs also administer a WIC project, which provides a rich opportunity for service collaboration. Additionally, the WIC Program shares data with the MCH data system. Wisconsin participates in the CDC PedNSS and the PNSS. Data sources for breastfeeding initiation and duration only currently available for the WIC population in Wisconsin.

a) Report of 2003 Major Activities

1. Performance Based Contracting—Direct Health Care Services—Pregnant, breastfeeding women

For CY 2003, several LPHDs selected objectives related to healthy birth outcomes through care coordination services. Breastfeeding education, promotion and support are included in the care for pregnant women and mothers and infants. The provision of breastfeeding information during pregnancy impacts the woman's decision to initiate breastfeeding.

2. Statewide Breastfeeding Activities—Enabling Services—Pregnant, breastfeeding women

Referrals for care continue to and from WIC and MCH. The Wisconsin Breastfeeding Coalition also maintains the Wisconsin Breastfeeding Resource Directory to aid health care professionals in locating appropriate referral sources for breastfeeding mothers who need help.

3. The Wisconsin Breastfeeding Coalition—Population-Based Services—Pregnant, breastfeeding women, the general public

The Wisconsin Breastfeeding Coalition continues to promote breastfeeding as the cultural norm in Wisconsin through public education and awareness. The WIC Program was awarded a grant from USDA, "Using Loving Support to Build a Breastfeeding Friendly Community". This grant accomplished a number of activities that increased efforts to promote and support breastfeeding including increased awareness among the general public. These efforts were undertaken in collaboration with the Wisconsin Breastfeeding Coalition. The activities included: a clinic environment project, staff training, child care module development, materials, and a statewide media campaign.

4. Collaboration and Partnerships—Infrastructure Building Services—Pregnant, breastfeeding women

The WIC/MCH Breastfeeding Coordinator educated providers about the Medicaid policy that provides high quality breast pumps to Medicaid recipients.

See NPM #11.

b) Current 2004 Activities

1. Performance Based Contracting—Direct Health Care Services—Pregnant, breastfeeding women

For CY 2004, several LPHDs have chosen to continue efforts to promote healthy birth outcomes through care coordination. These activities are targeted to pregnant women and mothers and infants. Breastfeeding promotion and support is an integral part of promoting healthy birth outcomes and will result in more women choosing to breastfeed.

2. Statewide Breastfeeding Activities—Enabling Services—Pregnant, breastfeeding women

For CY 2004, an LPHD has chosen to continue to support the peer mentoring program for the support of breastfeeding and reduction of tobacco use and exposure that was begun in 2003. Peer mentoring programs have been found to be very effective at promoting and supporting breastfeeding, especially in populations that are less likely to breastfeed or less likely to succeed with breastfeeding. As part of the Loving Support project, peer counseling will be expanded through ~4 pilots. Additionally, as part of the Loving Support project the two chapters of the African American Breastfeeding Alliance are expanding their membership and planning interventions targeted to African American families.

3. Wisconsin Breastfeeding Coalition—Population-Based Services—Pregnant, breastfeeding women, the general public

The Coalition has adapted a module for child care providers and is promoting its use. The coalition is working on materials to support World Breastfeeding week.

The Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin project include a public awareness campaign that will be aired in Milwaukee in summer 2004. Efforts at supporting women in the workplace are underway as well as a skin-to-skin project to promote this care as it leads to a more successful breastfeeding experience.

4. Collaboration and Partnerships: Implementation of the Loving Support Campaign—Infrastructure Building Services—Pregnant, breastfeeding women

The Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin implementation plan outlines several infrastructure components that are currently being developed. These include the development of a CD-ROM for employers to support breastfeeding, breastfeeding information on the DHFS website, a listserve for Wisconsin breastfeeding advocates, and staff training.

c) 2005 Plan/Application

1. Performance Based Contracting—Direct Health Care Services—Pregnant, breastfeeding women

A number of LPHDs will continue to focus efforts on healthy birth outcomes including increasing breastfeeding initiation and duration rates through prenatal breastfeeding education and postpartum breastfeeding support. Through the Loving Support project, the 10 Steps to Successful Breastfeeding will be promoted to hospitals and birth centers to improve the care provided at the time of birth to improve the rate of breastfeeding success.

2. Statewide Breastfeeding Activities—Enabling Services—Pregnant, breastfeeding women

The peer mentoring and the mother-to-mother support programs will be promoted to LPHDs and local breastfeeding coalitions. The programs will be promoted for use in populations where breastfeeding initiation is low (African Americans and Hmong) and to the general population where breastfeeding duration is low. The development of local breastfeeding coalitions as well as the implementation of additional chapters of the African American Breastfeeding Alliance in areas of need will be pursued.

3. Wisconsin Breastfeeding Coalition—Population-Based Services—Pregnant, breastfeeding women, the general public

As the Loving Support plan continues to be implemented it is anticipated that a number of LPHDs and breastfeeding coalitions will focus efforts on breastfeeding promotion and education campaigns. The efforts of the Wisconsin Breastfeeding Coalition will also continue to support the awareness of breastfeeding as the cultural norm in Wisconsin.

4. Collaboration and Partnerships: Implementation of the Loving Support Campaign—Infrastructure Building Services—Pregnant, breastfeeding women

Continue to develop and implement the activities as outlined in the Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin plan.

SPM #6 (#12): Percent of children, ages 6-8, with untreated dental decay in primary and permanent teeth.

Relationship to Priority Need(s): SPM #12 relates to Wisconsin's Priority Need #1-Dental Access and Care. The 2001-02 *Make Your Smile Count Survey* revealed 60% of Wisconsin's children have experienced tooth decay by third grade. There are significant oral health disparities: minority and low-income children are more likely to have caries experience and untreated decay while they are less likely to have dental sealants.

a) Report of 2003 Major Activities

1. Fluoride Program—Population-Based Services—Pregnant women, mothers, infants and children including CSHCN

Wisconsin maintained fluoridation of existing community water systems and increased the number that fluoridate. The School Fluoride Mouth Rinse Program served 10,394 children through 18 programs. The Dietary Fluoride Supplement program provided by 15 health departments served 1,763 children.

2. Dental Sealant Program—Population-Based Services—Children, including CSHCN

In 2002-03, 15 community or school-based programs participated in Wisconsin Seal-A-Smile program, with 4,494 children served, and 10,358 dental sealants were placed.

Through the GuardCare Sealant Program free dental sealants, Head Start examinations, fluoride varnish application, and parent/caregiver anticipatory guidance were provided in the summer of 2003 in Southeast Wisconsin.

3. Tobacco Prevention Program—Population-Based Services—Children, including CSHCN

The Spit Tobacco Program served 80,000 fifth grade students in 150 schools. A "Brewers Day in the Park" featured the program and distributed 10,000 comic books. A DVD was developed to support the program.

4. Maternal and Early Childhood Oral Health Program—Population-Based Services—Pregnant women, mothers, infants

Over 175 primary health care clinic personnel were trained by the Regional Oral Health Consultants to:

- Identify of innate and acquired risk factors for periodontal disease
- Periodontal symptom screening
- Anticipatory guidance and referral

Two federally qualified health centers and one health department are serving low income infants and toddlers. LPHDs provide oral health screening, anticipatory guidance, fluoride varnishes and referrals for early caries prevention.

The Regional Oral Health Consultants served the five DPH Regions and are responsible for oral health prevention programs in five DPH Public Health regions and local communities including children with special health care needs.

5. Clinical Services and Technical Assistance—Population-Based Services—Pregnant women, mothers, infants and children, including CSHCN.

The SmileAbilities Program and Circles of Life Conference served 1,536 individuals.

6. Oral Health Surveillance—Infrastructure Building Services—Children including CSHCN

Existing programs and new programs are focusing on preventing early childhood caries. A survey of 400 children enrolled in Head Start was conducted in 2003, with 24% untreated caries, 22.4% early childhood caries, 48% caries experience and 3.1% urgent treatment needs, 20.4% early needs.

b) Current 2004 Activities

1. Fluoride Program—Population-Based Services—Pregnant women, mothers, infants and children including CSHCN

Technical assistant efforts continue to assist with maintaining fluoridation of existing community water systems and increasing the number that consider fluoridation. The School-Based Fluoride Mouth Rinse Program initiated school based fluoride mouth rinse programs in elementary schools; on-going promotion and technical is provided. The Dietary Fluoride Supplement program is ongoing.

2. Dental Sealant Program—Population-Based Services—Children, including CSHCN

In 2003-04 there are 15 community or school-based programs as a result of the Wisconsin Seal-A-Smile program.

The oral health component of the GuardCare Sealant Program was postponed this year due Wisconsin Army National Guard on duty in Iraq.

3. Tobacco Prevention Program—Population-Based Services—Children, including CSHCN

Spit Tobacco Program-DPH contracts with the Department of Instruction to serve 80,000 fifth grade students in 150 schools throughout the state during the 2004-2005 school year. A "Brewers Day in the Park" will features the program and distributes 10,000 comic books.

4. Maternal and Early Childhood Oral Health Program—Population-Based Services—Pregnant women, mothers, infants

Primary health care clinic personnel will be trained by Regional Oral Health Consultants to:

- Identify of Innate and Acquired Risk Factors for Periodontal Disease
- Periodontal symptom screening
- Anticipatory Guidance and Referral

Regional oral health consultants provide training to health care personnel in LPHDs, tribal health centers, medical education programs, federally qualified health centers and ten LPHDs serving low income infants and toddlers. Primary health care clinics will be trained by regional oral health consultants to provide oral health screening, anticipatory guidance, fluoride varnishes and referral.

The Regional Oral Health Consultants serve the five DPH Regions and are responsible for oral health prevention programs in five DPH Public Health regions and local communities including children with special health care needs.

5. Clinical Services and Technical Assistance—Population-Based Services—Pregnant women, mothers, infants and children, including CSHCN

Ongoing.

6. Oral Health Surveillance—Infrastructure Building Services—Children including CSHCN

Existing oral health programs have been promoted and new programs are focusing on preventing early childhood caries. County surveys are being planned to assist in community needs assessment.

c) 2005 Plan/Application

1. Fluoride Program—Population-Based Services—Pregnant women, mothers, infants and children, including CSHCN

Technical assistance efforts continue to assist with maintaining fluoridation of existing community water systems and increasing the number that consider fluoridation. The School-Based Fluoride Mouth Rinse Program will seek additional methods to initiate school based fluoride mouth rinse programs in elementary schools; on-going promotion and technical is provided.

2. Dental Sealant Program—Population-Based Services—Children, including CSHCN

Healthy Smiles for Wisconsin will continue school-based programs through Wisconsin Seal-A-Smile program.

The oral health component of the Governor's "KidsFirst" Initiative will be promoted to expand the Wisconsin Seal-a-Smile Program, integrate preventive oral health into health care practice and increase the use of dental hygienists to prevent oral disease.

GuardCare Sealant Program's oral health component offering free dental sealants, Head Start examinations, fluoride varnish application, and parent/caregiver anticipatory guidance is planned for an event in the summer of 2005.

3. Tobacco Prevention Program—Population-Based Services—Children, including CSHCN

Spit Tobacco Program will contract with DPI to serve 80,000 fifth grade students in 150 schools throughout the state in the 2002-2003 school year. A "Brewers Day in the Park" will feature the program and distributes 10,000 comic books.

4. Maternal and Early Childhood Oral Health Program—Population-Based Services—Pregnant women, mothers, infants

Primary health care clinic personnel will expand training by Regional Oral Health Consultants to:

- Identify of Innate and Acquired Risk Factors for Periodontal Disease
- Periodontal symptom screening
- Anticipatory Guidance and Referral

Early Childhood Caries Prevention-training will be offered to federally qualified health centers, tribal health centers, LPHDs, medical education programs and Head Start programs serving low income infants and toddlers. Primary health care clinics will be also be trained by regional oral health consultants to provide oral health screening, anticipatory guidance, fluoride varnishes and referral.

The Regional Oral Health Consultants will serve the five DPH Regions and are responsible for oral health prevention programs in five DPH Public Health regions and local communities including children with special health care needs.

5. Clinical Services and Technical Assistance—Population-Based Services—Pregnant women, mothers, infants and children, including CSHCN

A SmileAbilities Conference and Circles of Life presentation will be planned.

6. Oral Health Surveillance—Infrastructure Building Services—Children including CSHCN

County survey will be initiated, planning will begin for the 2006 state survey.

SPM #7 (#13): Percent of children, ages 2-4, who are overweight.

Relationship to Priority Need(s): The percent of children, ages 2-4, who are overweight, relates directly or indirectly to three of Wisconsin's Priority Needs, specifically #3 - Child Care, #4 - Family and Parenting, and #9 - Early Prenatal Care. This was chosen as a state performance measure because it directly relates to one of the 11 health priorities in *Healthiest Wisconsin, 2010*, Wisconsin's state health plan, "Overweight, Obesity, and Lack of Physical Activity."

Summary of Trends in Growth for Wisconsin Children ages < 5 Years		
Year	Number	≥ 2 Years Overweight (≥ 95 th Percentile)
2002	48,993	11.8
2001	47,489	11.3
2000	46,650	11.4
1999	47,584	10.1
1998	52,186	10.1
1997	55,828	10.1
1996	57,370	9.7
1995	57,724	9.3
1994	55,382	8.9

Source: CDC 2002 PedNSS Summary of Trends in Growth and Anemia Indicators by Race/Ethnicity, Children Aged < 5 Years, run date 07/03/03.

a) Report of 2003 Major Activities

1. MCH, WIC, and PNCC Services—Enabling Services—Pregnant women, adolescents

Statewide efforts to implement the Wisconsin state health plan priority related to childhood overweight have been undertaken by several LPHDs through the performance based contracting system. These efforts included promoting breastfeeding, the formation of nutrition coalitions, addressing food security and education targeted to young families.

2. Wisconsin WIC Program—Population-Based Services—Children over the age of 2, including CSHCN and their families

The MCH Program provided funding for five mini-grants to increase Public Health Nutrition Leadership in the implementation of the two nutrition-related health priorities. From these five mini-grants, 30 local nutrition coalitions have been formed or expanded. There efforts during 2003 have been focused on increasing

community awareness of the nutrition issues, including childhood overweight, and moving the communities to action.

3. Wisconsin WIC Program—Infrastructure Building Services—Children under 5 years of age, including CSHCN and their families

WIC nutritionists participated in a statewide videoconference training on the revised CDC growth charts for children which included the use of BMI and its interpretation. The 2003 WIC and Nutrition conference featured sessions on motivational negotiation to promote behavior change and a keynote speaker from the Ellyn Satter Institute to share current information on childhood overweight.

The DPH was awarded a CDC grant to develop a statewide N&PA Program to prevent overweight, obesity and related chronic diseases. Through WINPAW, planning efforts were begun to address the issue of overweight and obesity in Wisconsin. This program has also working closely with the DPI programs (Team Nutrition) to reach school-aged children (early childhood) and the Child and Adult Care Feeding Program to reach daycare providers.

b) Current 2004 Activities

1. Statewide Breastfeeding Activities—Population-Based Services—Pregnant, post-partum and breastfeeding women, their infants, children, including CSHCN and their families

The Wisconsin DPH was awarded a United States Department of Agriculture, Food and Nutrition Services grant to implement a social marketing campaign called Using Loving Support to Build a Breastfeeding-Friendly Community. Breastfeeding has been recognized by the CDC as a promising strategy to prevent overweight in children. The plan is currently being implemented and includes activities in the areas of mobilizing staff, client and family education, public awareness, health provider outreach and community partnership-building.

2. Walk, Dance, Play Initiative—Population-Based Services—Women, children, and their families

During the spring of 2004 the Wisconsin Nutrition Education Network's Walk, Dance, Play... Be Active Everyday campaign will be implemented statewide. The Network consists of public health nutrition consultants from MCH and WIC as well as other community partners. The campaign promotes behavior change through healthy food choices and increased physical activity, targeted to parents/caregivers of children who will then be role models of healthy lifestyle choices for their children.

3. Wisconsin WIC Program—Infrastructure Building Services—Children, including CSHCN and their families

The Wisconsin WIC program is currently revising its counseling and referral guidelines for WIC certification and secondary nutrition education to incorporate the latest information to address childhood overweight. In addition, the annual WIC and Nutrition conference in June 2004 will highlight the results of the MCH Public Health Nutrition Leadership mini-grants which focused on coalition building at the local level to provide support to and to implement interventions for issues such as childhood overweight.

4. Statewide Nutrition and Physical Activity Program—Infrastructure Building Services—Children, including CSHCN and their families

The DPH, Nutrition Section, is leading the efforts outlined in the CDC grant to address overweight, obesity and other chronic diseases. This grant provides for staffing a state level N&PA Program with three staff (program coordinator, nutrition coordinator and physical activity coordinator), the development of a state plan, and evaluation plan and to implement a nutrition and physical activity intervention. The N&PA Program is also collaborating with other chronic disease programs, DPI, and CSHP.

c) 2005 Plan/Application

For the 2005 performance based contracting process, LPHDs will be provided with sample objectives/interventions related to childhood overweight to allow them to focus efforts on this emerging public health issue.

Through the CDC N&PA grant, there will be dedicated staff at the state level to provide technical assistance to LPHDs and communities who are implementing interventions targeted to reducing childhood overweight. The state plan for addressing overweight will be released in the spring of 2005 and widely distributed to all partners and interested parties to serve as a guiding document in this focus area.

The DPH will continue to work closely with its internal partners to coordinate interventions and resources, with CSHP, ECCS initiative, DPI, and other partners through WINPAW.

SPM #8 (#14): Ratio of the black infant mortality rate to the white infant mortality rate.

Relationship to Priority Need(s): SPM #14, Ratio of the black infant mortality rate to the white infant mortality rate relates to Wisconsin's Priority Need #6 - Health Disparities.

Impact on National Outcome Measures: SPM #14 relates to National Outcome Measures #1-#5. Each of the activities identified below focuses on improving infant mortality and other perinatal outcomes for high-risk women, including African American women.

a) Report of 2003 Major Activities

1. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, infants

See NPM #18

2. Healthy Babies in Wisconsin: A Call to Action—Infrastructure Building Services—Pregnant women, mothers, infants

See NPM #15

3. Statewide Projects—Infrastructure Building Services—Pregnant women, mothers, infants

Both the Infant Death Center of Wisconsin and the Wisconsin Association for Perinatal Care were actively involved in the Healthy Babies summit and follow-up activities. Staff from the IDC-W served as chair of the Planning Committee. Collaborative, community-based activities were implemented by IDC-W to assist in the reduction of the racial and ethnic disparity in infant mortality. Staff participated in consortia meetings for the two Federal Healthy Start Projects and collaborated with community organizations to disseminate safe sleep information to African American communities. Strategies to decrease the risk of sudden or unexpected infant death was presented to 431 outreach workers at 31 educational sessions offered throughout the state.

WAPC developed and distributed 1,000 "First Birthday" magnets with messages related to safe sleep, immunization, breastfeeding, and other information to help infants reach their first birthday. There was a strong focus on perinatal mood disorders with co-sponsorship of a symposium and development of a position statement on screening for prenatal and postpartum depression.

4. Federal Healthy Start—Population-based Services—Pregnant women, mothers, infants

Title V MCH/CSHCN Program staff participated in a national Healthy Start meeting, the Families Helping Families Gathering, and team meetings of the Milwaukee FIMR project. Staff from the Milwaukee Healthy Beginnings Project with the Black Health Coalition served on the planning committee for the Healthy Babies in Wisconsin summit.

b) Current 2004 Activities

1. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, infants

See NPM #18

2. Healthy Babies in Wisconsin: A Call to Action—Infrastructure Building Services—Pregnant women, mothers, infants

See NPM #15

3. Statewide Projects—Infrastructure Building Services—Pregnant women, mothers, infants

IDC-W has a leadership role in the Healthy Babies initiative to improve birth outcomes and address racial and ethnic disparities. Staff serve as chair of the Steering Committee, co-chair of the Southeast Regional Action Team, and as an active participant in other Action Teams. IDC-W plans to improve the delivery of the risk reduction message to high-risk communities with input from five focus groups. In addition, education will be provided to coroners and medical examiners related to determination of cause and manner of death in sudden and unexpected infant deaths.

WAPC will support two Healthy Babies Action Teams, distribute "First Birthday" magnets and preconception materials, and provide education on perinatal mood disorders.

4. Federal Healthy Start—Population-Based Services—Pregnant women, mothers, infants

Title V participation continues at national and local Healthy Start Meetings. The Milwaukee Healthy Beginnings Project is represented on the Steering Committee for the Healthy Babies initiative and joined the MCH Program to co-sponsor a Statewide Action Team Meeting on Racial and Ethnic Disparities in Birth Outcomes on May 10, 2004.

c) 2005 Plan/Application

1. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, infants

See NPM #18

2. Healthy Babies in Wisconsin: A Call to Action—Infrastructure Building Services—Pregnant women, mothers, infants

See NPM #15

3. Statewide Projects—Infrastructure Building Services—Pregnant women, mothers, infants

Title V MCH/CSHCN Program will continue to collaborate with the Infant Death Center of Wisconsin and WAPC on community-based strategies to assist in the reduction of the disparity for infant mortality between racial and ethnic groups.

4. Federal Healthy Start—Population-Based Services—Pregnant women, mothers, infants

The Wisconsin Title V Program will continue its commitment to participating in the Milwaukee Healthy Beginnings Project. An important partnership will revolve around ongoing activities related to the Healthy Babies in Wisconsin initiative and follow-up activities with the REDBOAT.

SPM #9 (#15): Death rate per 100,000 among youth ages 15-19, due to motor vehicle crashes.

Relationship to Priority Need(s): SPM #15 relates to Wisconsin's Priority Need #10 - Injury and is identified as a priority in Healthiest Wisconsin 2010, the state health plan. Wisconsin's 2003 YRBS results reveal that seat belt use (always or most of the time) when riding in a car driven by someone else increased from 51% in 1993 to 69% in 2003. The frequency of riding with someone during the past 30 days who had been drinking decreased from 39% in 1993 to 30% in 2003. During the same time period, the frequency of driving after drinking alcohol during the last 30 days remained relatively unchanged (15% in 1993 vs. 14% in 2003).

In June 2003 during its periodic statewide observation surveys of seatbelt use, DOT reported that 69.8% of passenger vehicle occupants (front outboard - meaning the driver and passenger in the right front seat [not in the middle position]) used their seatbelts. It found, however, that belt use is the lowest among drivers ages 16-25.

a) Report of 2003 Major Activities

1. Educational Activities—Enabling Services—Adolescents

Mock vehicle crashes and other education continued to be used to impact this measure. DPI continued to have an Alcohol Traffic Safety (ATS) Program to develop and implement K-12 prevention curricula and instructional programs to counter the problem of drinking and driving by youth.

2. Graduated Driver License (GDL) —Population-Based Services—Adolescents

Wisconsin's Graduated Driver Licensing (GDL) requires specific conditions for young drivers. According to DOT, this law was put into effect for one major reason: to save the lives of Wisconsin teen drivers. From September 2000 - September 2001 (its first year) crashes involving 16-year-old drivers were down in all categories compared to the past several years.

About 24% of all 16-year-old drivers get into a crash, that drops to 16% at age 17, and by age 18 it drops again to 14%. The percentage is 13% at age 19 and at age 20 and older, the crash rate is just 6%. The GDL continued to impact this performance measure.

3. Lower standard for Blood/Breath Alcohol Concentration (BAC) - Population-Based Services - Adolescents

In July 2003, Governor Doyle signed into law a bill to lower the prohibited BAC level for Operating While Intoxicated (OWI) to 0.08% from 0.10. The law which became effective on September 30, estimates the saving of 24 lives annually on Wisconsin roads (based on U.S. DOT data).

b) Current 2004 Activities

1. Educational Activities—Enabling Services—Adolescents

As in 2003, mock vehicle crashes and other education efforts occur to impact this measure.

2. Graduated Driver License (GDL)—Population-Based Services—Adolescents

An article regarding the evaluation of the GDL will be submitted for publication in the December issue of the Wisconsin Medical Journal.

3. Local Needs Assessments—Infrastructure Building Services—Adolescents

Working with counties regarding data requests for needs assessments and preventions continues.

4. Injury Prevention Coordinating Committee—Infrastructure Building Services—Adolescents

Development of a new crash related WISH module working with DOT is in process.

c) 2005 Plan/Application

1. Educational Activities—Enabling Services—Adolescents

In order to decrease the incidence of deaths due to motor vehicle crashes, education will continue. The new BAC level will impact this measure.

2. Graduated Driver License (GDL)—Population-Based Services—Adolescents

This will continue to be a strong method of impacting this performance measure.

3. Local Needs Assessments—Infrastructure Building Services—Adolescents

Working with counties regarding data requests related to youth motor vehicle crashes will continue. Work with DOT will continue on making motor vehicle crash data more accessible to agencies and the general public.

4. Injury Prevention Coordinating Committee —Infrastructure Building Services—Adolescents

Plans include constructing data maps related to motor vehicle crashes on the web, develop a GIS/spatial analysis using death and hospitalization data to examine incidents of motor vehicle crashes, and work on policy analysis regarding prevalence, cost, community education surrounding motor vehicle crashes among 15-19 year olds.

Implementation of Health Priority: Intentional and Unintentional Injuries and Violence will continue and is ongoing.

SPM #10 (#16): Percent of MCH clients/families who receive one or more supportive services to enhance child health, development and/or safety.

Relationship to Priority Need(s): SPM #16 relates to Wisconsin's Priority Need #2 - Health Access and #10 - Injury.

a) Report of 2003 Major Activities

1. Supportive Services—Enabling Services—Children, including CSHCN and their Parents

MCH providers beginning for the 2003 contracts used the SPHERE data system; 40% of 93 agencies indicated provision of supportive services as documented per the subintervention system. Because of the late start up of SPHERE, the numbers may be underreported.

For the purposes of reporting this measure, supportive and enabling services for children including CSHCN and their parents to support child health, development and/or safety include the following public health interventions and categories of subinterventions (adapted from the state of MN Department of Health) during 2003 follows.

Advocacy-Subinterventions: Access to dental care (1); Access to health care (17); CSHCN Services (18); Total Activities = 36 for 34 clients.

Case Management-Subinterventions: All CSHCN Service Coordination (526); Child Care Coordination (16); Infant Assessment (609); all Targeted Case Management Assessment (1,148); Total Activities = 2,299 for 1,684 clients.

Counseling-Subinterventions: Access to primary care (16); Access to specialty care (3); Parent/Family Support (31); Support System (15); Total Activities = 65 for 58 clients.

Health Teaching-Subinterventions: Access to care (48); Adolescent Health (33); Bicycle-related (10); Brain Development (226); Burns/Hot Water Safety (84); CSHCN Services (59); Daycare (78); Child Growth & Development (395); Child Health: Preschool (93); Child Health: School Age (38); Child Passenger Safety (752); Choking (50); Community Resources (72); Drowning/Water Safety (4); Environmental Lead (71); Environmental Tobacco (59); Fire-related (74); Guns/firearms (136); Health Promotion (35); Home Safety (220); Infant care (365); Motor Vehicle-Related (7); Oral Health (149); Parenting (328); Primary Prevention Immunizations (108); SIDS/Infant death (43); Total Activities = 3,537 for 3,246 clients.

Referral & Follow up-Subintervention: B-3 (176); Child Care Coordination (23); Family Support (71); Health Benefits (159); Mental Health (48); Parent Liaison (34); Parent to Parent (101); Parenting Program (34); Primary care (253); Regional CSHCN Center (50); Specialist (82); Specialist Clinic (63); Support Group (69); Total Activities = 1,163 for 1,055 clients.

Screening-Subintervention: Developmental Assessment (1,343); Feeding Assessment (91); Fluoride Assessment (463); Infant Assessment (210); Injury Prevention Assessment (391); Parent-Child Interaction (147); Office exam (980); Total activities = 3,625 for 2,725 clients.

Overall Total Activities = 10,725 for 8,802 clients; 73.7% of reported MCH clients.

Activities specifically targeting parents of children with special health care needs that occurred in 2003 included the continued identification of parent support opportunities by the CPLs and the Parent to Parent Matching Program. The program developed a Training Curriculum for Supporting Parents and outreach material to begin identification of potential support parents.

b) Current 2004 Activities

1. Supportive Services—Enabling Services—Children, including CSHCN and their parents

Title V funded services in the 2004 consolidated contract, 96 LPHDs and other private non-profit agencies submitted 306 objectives to provide MCH/CSHCN services. About 31% (94 objectives) were to provide supportive services to parents of children and youth to age 21 years, including children with special health care needs. Forty-one of the services were related to child safety in the following areas: home safety assessments,

safe use of child passenger systems, bicycle safety instruction, and individual or group education for parents to promote child safety.

2004 activities include the training of support parents in each of the five DPH regions throughout the first half of the year with actual matching of parents beginning June 1. Continued connection of parents to other support opportunities such as parent support groups is occurring as well.

2. Governor's "KidsFirst" Initiative—Infrastructure Building Services—Pregnant women, mothers, infants and children, including CSHCN

In May 2004, Governor Doyle announced a four-part "KidsFirst" Initiative. The four focus areas are entitled Ready for Success, Safe Kids, Strong Families and Healthy Kids. This direction from the Governor and his cabinet leaders will provide a course for state programs to enhance supportive services for families and their children in Wisconsin.

3. Governor's Call to Action Summit on Child Abuse and Neglect—Infrastructure Building Services—Pregnant women, mothers, infants and children, including CSHCN

On April 29 and 30, 2004 an invitational summit was held to initiate planning and begin work on a State Call to Action to end child abuse and neglect. About 150 Wisconsin leaders who are involved in preventing child abuse and neglect, protecting children, and helping heal victimized children joined the Governor to discuss strategies to prevent child maltreatment. Locally planned webcasts of the event are occurring May 17 through June 30, 2004 to incorporate points in the State Call to Action planning process.

c) 2005 Plan/Application

1. Supportive services—Enabling Services—Children, including CSHCN and their parents

The Wisconsin Title V program is on course to fund services during 2005 that support families including children with special health care needs according to the consolidated contract opportunities for the LPHDs. Local agencies will continue to provide a variety of services that enhance child/youth health and safety skills and abilities of MCH/CSHCN clients in both individual and group settings. Activities that promote injury prevention in areas of home safety and child passenger transportation will continue. The SAFE KIDS Coalition in cooperation with two children's hospitals continues to be a strong influence in Wisconsin and will have a special focus on child passenger safety as referenced in the Safe Kids chapter of Governor Doyle's "KidsFirst" Initiative.

The Parent to Parent Matching Program will continue to be funded with Title V dollars to provide supportive services to parents of children with special health care needs throughout 2005.

2. Governor's "KidsFirst" Initiative—Infrastructure Building Services—Pregnant women, mothers, infants and children, including CSHCN

In May 2004, Governor Doyle announced a four-part "KidsFirst" Initiative. Part three is Strong Families and includes focus activities that will create opportunities for every parent to become self-sufficient, and give families the support they need to raise their children in safe, stable homes. These areas include: initiate a universal home visiting program and connect families with support services. The MCH program will provide leadership and participation in action steps toward improvements in these family support areas.

**3. Governor's Call to Action Summit on Child Abuse and Neglect—Infrastructure Building Services—
Pregnant women, mothers, infants and children, including CSHCN**

During the next year the MCH program will provide leadership and participation in the Call to Action plan to implement steps to end child abuse and neglect. Key leadership of the MCH program will be in the area of primary prevention in partnership with LPHDs who work with families and children at risk.